

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

ADDRESS (number and street)

50 F STREET NW

SUITE 900

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00002238

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KELSEY S BILLINGS

Signature of Treasurer

KELSEY S BILLINGS

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

08

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">26403.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">95038.89</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3480.00</span>	<span style="border: 1px solid black; padding: 2px;">91469.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">98518.89</span>	<span style="border: 1px solid black; padding: 2px;">117872.48</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">26884.32</span>	<span style="border: 1px solid black; padding: 2px;">46237.91</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">71634.57</span>	<span style="border: 1px solid black; padding: 2px;">71634.57</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2690.00	52539.00
(ii) Unitemized .....	790.00	5430.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	3480.00	57969.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3480.00	91469.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3480.00	91469.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3480.00	91469.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13384.32	14737.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13384.32	14737.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	31500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26884.32	46237.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26884.32	46237.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3480.00	91469.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3480.00	91469.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	13384.32	14737.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	13384.32	14737.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. BARRY SABLOFF**

Mailing Address 280 WHITE OAK LN

City  
WINNETKA

State Zip Code  
IL 60093-3630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : AC333F49879C34B8DA04**

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

**B. EVERETT DOBRINSKI**

Mailing Address 33200 366TH ST SW

City  
MAKOTI

State Zip Code  
ND 58756-9569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : ACC2E0A16F574414F808**

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

**C. DAVE REINDERS**

Mailing Address 1001 MELINDA LN

City  
DUMAS

State Zip Code  
TX 79029-5377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2016

**Transaction ID : AC68E43CDE7274710A84**

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIPT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

## **A. CATHERINE MOYER**

Mailing Address PO BOX 125

City

ULYSSES

State

KS

Zip Code

67880-0125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2016

Transaction ID : A73845A53110E42D0918

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

## **B. THOMAS HALVERSON**

Mailing Address 2000 LITTLE RAVEN STREET, STE 1000

City

DENVER

State

CO

Zip Code

80202-6199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

CHIEF BANKING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2016

Transaction ID : AD1DA037EB56942F4A76

Amount of Each Receipt this Period

500.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

## **C. GARY A SWANGO**

Mailing Address 2102 BERRYWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GROWMARK, INC.

Occupation

VP, HUMAN RESOURCES AND COMPLIANC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

06 / 17 / 2016

Transaction ID : A2A3AFE0160724A71B9B

Amount of Each Receipt this Period

40.00

☐ Memo Item

RECEIPT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

790.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT B KRISLE**

Mailing Address 127 BRIARWOOD DR

City

GREENBRIER

State

TN

Zip Code

37073-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENNESSEE FARMERS COOPERATIVE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : A94F4E5FAD531435F9A2**

Amount of Each Receipt this Period

200.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

**B. JUSTIN DARISSE**

Mailing Address 108 CROSSBOW LN

City

GAITHERSBURG

State

MD

Zip Code

20878-2781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL COUNCIL OF FARMER  
COOPERATIVE

Occupation

DIRECTOR OF COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : A2AC92630784E4EFC AE4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

**C. CHARLES F. CONNER**

Mailing Address 310 MANSION DR

City

ALEXANDRIA

State

VA

Zip Code

22302-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL COUNCIL OF FARMER COOPERA

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1580.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : A3FE99754143F401296C**

Amount of Each Receipt this Period

80.00

☐ Memo Item

RECEIPT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

## **A. DANE LANCE**

Mailing Address 1014 SUNRISE RIDGE DR

City

LAFAYETTE

State

CA

Zip Code

94549-1751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNSWEET GROWERS INC.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : A1336C606774641C8AC8**

Amount of Each Receipt this Period

20.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

## **B. STEPHANIE HERSETH SANDLIN**

Mailing Address 900 W WHITE WILLOW CIR

City

SIOUX FALLS

State

SD

Zip Code

57108-2881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2016

**Transaction ID : AA40223B42AA44E8092C**

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIPT

Full Name (Last, First, Middle Initial)

## **C. KEVIN RIEL**

Mailing Address 5027 SCENIC DR.

City

YAKIMA

State

WA

Zip Code

98908-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COBANK

Occupation

DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2016

**Transaction ID : A93E2EDCB27D04C4C8BA**

Amount of Each Receipt this Period

250.00

☐ Memo Item

RECEIPT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. JAMES R MAGNUSON</b></p> <p>Mailing Address 11698 HWY F 62 E</p> <p>City SULLY State IA Zip Code 50251</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer COBANK Occupation DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y  06 / 28 / 2016</p> <p><b>Transaction ID : AB44BBDA2AB9544C098F</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p> <p>RECEIPT</p>
<p>Full Name (Last, First, Middle Initial) <b>B.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) <b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>250.00</p> <p>2690.00</p>

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

#### A. SUNTRUST BANK

Category/  
Type

92.58

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

## B. NATIONAL COUNCIL OF FARMER COOPERATIVES

Category/  
Type

13262.67

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

### C. SUNTRUST BANK

Category/  
Type

29.07

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

13384.32

13384.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. MOBROOKSFORCONGRESS.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 7610 FOXFIRE DR.

City	State	Zip Code
HUNTSVILLE	AL	35802

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

011

Candidate Name

**MO BROOKS**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District: 05

Transaction ID : B4E36D57200CE42D982C

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address P.O. BOX 5458

City	State	Zip Code
SPRINGFIELD	IL	62705

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

011

Candidate Name

**JOHN M. SHIMKUS**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 15

Transaction ID : BA0D53D778F7B4E84BE5

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARCIA FUDGE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 3729 SILSBY RD

City	State	Zip Code
UNIVERSITY HEIGHTS	OH	44118-3647

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

011

Candidate Name

**MARCIA L. FUDGE**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 11

Transaction ID : BB577B06BE17F43E0860

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City	State	Zip Code
BISMARCK	ND	58502

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

Candidate Name

**HEIDI HEITKAMP**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : B7F812954085D43D3B9D

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TIM WALZ FOR US CONGRESS**

Mailing Address PO BOX 938

City	State	Zip Code
MANKATO	MN	56002

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

Candidate Name

**TIM J. WALZ**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : B7C534B6EEA1443CC8AD

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MIKE ROGERS FOR CONGRESS**

Mailing Address 123 EAST 13TH STREET

City	State	Zip Code
ANNISTON	AL	36201

Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

Candidate Name

**MIKE D. ROGERS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : BA1541DE52C44481A933

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE	State IL	Zip Code 62568-0344
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Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

Candidate Name

**RODNEY L. DAVIS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

**Transaction ID : BCA3B96E5D33041CBAB1**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MORAN FOR KANSAS**

Mailing Address 228 SOUTH WASHINGTON ST.

City ALEXANDRIA	State VA	Zip Code 22314
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Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

Candidate Name

**JERRY MORAN**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : B2C58487C4AC349C097B**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOEVEN FOR SENATE**

Mailing Address PO BOX 861

City BISMARCK	State ND	Zip Code 58502-0861
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Purpose of Disbursement  
CONTRIBUTION TO COMMITTEE

Candidate Name

**JOHN H. HOEVEN III**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : BC7B8BE3ECE2743EB90C**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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13500.00
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